



**Email Submission to**  
**The Honourable Scott Fielding, Minister of Finance**

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**Submitted by Diabetes Canada**

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## **Executive Summary**

In Canada today, almost 11 million people live with prediabetes or diabetes. Every three minutes, someone new is diagnosed with this progressive, chronic disease. Many factors have contributed to the nearly 50 per cent increase in diabetes prevalence within the last 10 years. And rates are expected to continue to rise over the next decade. Once thought to be a disease of older individuals, type 2 diabetes is now being diagnosed in young Canadians, impacting people in the prime of life. Canadians now 20 years old face a 50% chance of developing the disease in their lifetime. For First Nations people in Canada, that risk is up to 80 per cent and in some subgroups within this population, it is even higher.

Diabetes is a complicated and challenging disease and puts people at high risk of serious and costly complications, including heart attack, stroke, blindness, kidney disease and amputation. People with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease and almost 20 times more likely to be hospitalized for non-traumatic lower limb amputation compared to the general population.<sup>i</sup>

To help mitigate the alarming impact of diabetes on families, employers, health-care and the economy, Diabetes Canada is pleased to provide the following recommendations to the Government of Manitoba:

- 1. Provide devices that help treat diabetic foot ulcers and reduce the risk of costly amputations.**
- 2. Support a nation-wide strategy to prevent and manage diabetes.**
- 3. Expand the provincial insulin pump program.**

The public coverage for diabetes-related supports does not meet the needs of people with the disease. Many diabetes medications from newer drug classes are not accessible. There is no funding for amputation prevention devices or for insulin pumps for Manitobans over 17. Not everyone who needs these supports can afford to pay for them. These

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<sup>i</sup> Public Health Agency of Canada (2011). Diabetes in Canada: Facts and figures from a public health perspective. Ottawa, Ont.: Public Health Agency of Canada. Retrieved from <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/cdmcc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/pdf/facts-figures-faits-chiffres-eng.pdf>

additional financial constraints limit people's ability to effectively manage their diabetes in the effort to avoid or delay the costly complications of the disease.

### **Diabetes in Manitoba**

About 377,000 Manitobans or 27 per cent of the population live with diabetes or prediabetes and this is anticipated to increase to 464,000 or 30 per cent of the population by 2028. Approximately 90 – 95 per cent of Manitobans living with diabetes have type 2 diabetes and 5 – 10 per cent have type 1 diabetes.

Manitoba faces unique challenges in preventing type 2 diabetes and meeting the needs of those living with diabetes:

- Manitoba has the highest concentration of Indigenous peoples among Canadian provinces (16.7%).<sup>ii</sup> About 13 per cent of First Nations people in Canada live in Manitoba<sup>iii</sup>.
- Overweight and obesity affect about 39% and 32% of adults in Manitoba respectively.<sup>iv</sup>

The estimated direct cost of diabetes to Manitoba's health-care system is \$132 million and is anticipated to increase to \$181 million by 2028. Treating the complications of diabetes, including heart attack, stroke, kidney failure, blindness and amputation account for 80 per cent of the direct costs. Clearly, something must be done.

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<sup>ii</sup> Statistics Canada. Number and distribution of the population reporting an Aboriginal identity and percentage of Aboriginal people in the population, Canada, provinces and territories, 2011. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/2011001/tbl/tbl02-eng.cfm>

<sup>iii</sup> Statistics Canada, Table 3 – Distribution of First National people. First Nationals people with and without registered Indian status, and First Nations people with registered Indian status living on or off reserve. Canada, provinces and territories, 2011. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/2011001/tbl/tbl03-eng.cfm>

<sup>iv</sup> Statistics Canada (2017). Table 105-2023 – Measured adult body mass index (BMI) (World Health Organization classification), by age group and sex, Canada and provinces, Canadian Community Health Survey – Nutrition, occasional. Retrieved from <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1052023&pattern=&stByVal=1&p1=1&p2=31&tabMode=dataTable&csid=>

## **Issues and Recommendations:**

- **Issue 1:** Public coverage of specialized devices to treat diabetic foot ulcers can reduce the risk of amputations and thereby reduce costs to government by \$9 million a year.

Every 32 hours in Manitoba, someone has a lower limb amputated due to a diabetic foot ulcer. Diabetic foot ulcers are serious wounds that are common, debilitating and one of the most feared complications of diabetes. They are also the leading cause of non-traumatic amputations below the knee in Canada. Diabetes-related foot wounds contributed to about one-third of all amputations performed in hospitals across Canada in 2011-12.

Up to 85 per cent of these amputations may be prevented if foot ulcers are properly treated. Off-loading devices are specialized products such as air casts, total contact cast or shoes and orthoses, that relieve pressure off foot ulcers to help them heal and reduce the risk of amputation, but they are expensive, costing up to \$2500. Diabetes Canada's [\*The Economic Impact of Off-Loading Devices for the Prevention of Amputations\*](#) report demonstrates that provincial funding of specialized devices for the treatment of diabetic foot ulcer in Manitoba would significantly increase their use by patients in the province and improve their health outcomes and save the health-care system up to \$9 million per year.

**Recommendation #1:** In addition to improved screening and foot care, the Government of Manitoba should increase funding for specialized devices to treat diabetic foot ulcers in order to prevent amputations that result in tremendous human and health-care costs.

- **Issue #2:** A nation-wide diabetes strategy could benefit Manitoba.

The World Health Organization recommends that every country implement a national diabetes strategy yet, despite higher prevalence and per capita costs of diabetes than most of the world's developed nations, Canada has been without one since 2013.

With an aging population and exploding growth rates amongst at-risk populations – most notably Indigenous Canadians – Canada's diabetes burden will continue its rise over the next decade. Both prevalence and direct costs for treating the disease in Canada have been rising at a rate of four per cent and 10 per cent respectively per year and show no signs of slowing down. Treating diabetes costs Canada's health care system \$28 billion per year and will approach \$40 billion per year by 2028, unless we act with a sense of urgency.

Canada needs a strategy to coordinate the efforts underway in all provinces and territories to combat this epidemic, one which would bring Canada in line with global best practice, reduce the human burden of this disease significantly in a very short period and achieve savings in health care costs.

That is why Diabetes Canada partnered with representatives from more than 100 stakeholder organizations over the past year to develop [Diabetes 360°](#) – a measurable, outcome-focused national strategy for the prevention and management of diabetes. It is based on the hugely successful 90-90-90 model implemented globally to combat HIV/AIDS and is the product of collaboration among 129 stakeholders including representation from nine provincial governments.

The Diabetes 360° framework includes specific evidence-based recommendations in the areas of prevention, screening, treatment and patient outcomes for diabetes, and is set up to deliver results in just seven years by focusing on the following key targets:

- 90 per cent of Canadians live in an environment that preserves wellness and prevents the development of diabetes
- 90 per cent of Canadians are aware of their diabetes status
- 90 per cent of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications
- 90 per cent of Canadians engaged in interventions are achieving improved health outcomes

These targets are based on extensive consultation and rigorous analysis of research, and the actions required for their achievement are detailed in our [Diabetes 360°](#) report

Diabetes Canada has submitted its recommendations for a national diabetes strategy to the Government of Canada and recommends that a seven-year national partnership be established with the federal government's strategic investment of 150 million over the seven years. The partnership will collaborate with provinces and territories, civil society and private sector to prioritize and implement programs to achieve the Diabetes 360° targets and then sunset – a realistic and evidenced approach that can work for Canada.

**Recommendation #2:** The Government of Manitoba should extend its endorsement of the Diabetes 360° strategy framework to the Government of Canada's Minister of Health, the Honourable Ginette Petitpas Taylor, as well as consider its financial investment in the strategy going forward to ensure the future health and prosperity of Manitobans.

- **Issue #3:** Manitobans with type 1 diabetes over age 17 are excluded from the provincial insulin pump program.

Type 1 diabetes is a chronic disease affecting the lives and livelihoods of up to 13,000 Manitobans. The disease is complex and can be complicated to manage. It places an enormous burden on individuals as well as their families, the health system and society as a whole. There is no cure for type 1 diabetes; survival in this population hinges on intensive intervention, education and support, coupled with a strict regimen of insulin and lifestyle management.

Insulin pumps represent an alternative to multiple daily injections. The clinical effectiveness of insulin pumps is well documented. Diabetes Canada's *Clinical Practice Guidelines*<sup>v</sup> state:

- insulin pump therapy is a safe and effective method of intensive insulin therapy for people with type 1 diabetes, and has shown improvements in glucose control over NPH-based regimens and over long-acting analogue regimens
- insulin pump therapy may provide some advantages over other methods of intensive therapy, particularly in individuals with higher baseline A1C
- insulin pump therapy results in fewer episode of severe hypoglycemia compared to multiple daily injections

In addition to these outcomes, insulin pump therapy can offer people with diabetes greater independence, flexibility and a sense of normalcy as they work to be active and productive citizens. These are very important considerations and should be weighed appropriately in a patient-centered health-care system.

Diabetes Canada strongly believes that people with diabetes require choice in treating their condition. In Manitoba, only those who are 17 years old or younger are eligible for coverage, but diabetes does not end in adulthood. Regrettably, many who are over 17 years of age and either uninsured or underinsured are in a difficult position. The high cost of insulin pumps and pump supplies is a barrier to access for many Manitobans living with type 1. Pump programs in British Columbia, Alberta and Ontario do not impose an age restriction and all other provinces currently include individuals up to age 25.

**Recommendation #3:** The Government of Manitoba should eliminate the age restriction on the insulin pump program so clinically eligible Manitobans with type 1 diabetes can benefit from insulin pump therapy.

### **Conclusion:**

Diabetes Canada would be pleased to work with the Government of Manitoba to implement the recommendations contained in this submission to ensure Manitobans with diabetes have the support to achieve their full health potential. With concerted efforts and

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<sup>v</sup> Diabetes Canada's Clinical Practice Guidelines Expert Committee. (2018). Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*, 42 (1), S1-S325.

strong leadership from the Government, in close collaboration with key stakeholders in the diabetes community, we can bend the impact curve of diabetes and significantly improve the lives of those with diabetes and all Manitobans.

### **About Diabetes Canada**

Diabetes Canada is a registered charitable organization that leads the fight against diabetes by helping those affected to live healthy lives, and preventing the onset and consequences of diabetes while we work to find a cure. [diabetes.ca](http://diabetes.ca)